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Bib Data Sheet

CONFIRMATION NO. 1930

<b>SERIAL NUMBER</b> 09/768,170	<b>FILING DATE</b> 01/19/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 353532000610	
<b>APPLICANTS</b> Troy J. Chapman, Palo Alto, CA;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/037,109 03/09/1998 PAT 6,176,884					
<b>** FOREIGN APPLICATIONS *****</b> - NONE -					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/15/2001</b>					
<b>Foreign Priority claimed</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <b>35 USC 119 (a-d) conditions met</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <b>Verified and Acknowledged</b> Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 25226					
<b>TITLE</b> Anastomosis device and method					
<b>FILING FEE RECEIVED</b> 382	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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